

PRICE AGREEMENT INPUT FORM

Department/Organization Name



Commonwealth of Massachusetts
Office of the Comptroller

Document ID

Trans PG	Dept	R/Org	Number	PG Date	Acctg Prd	Budget FY	Action: Entry(E) Modify(M) Cancel(X)	PA #
--------------------	------	-------	--------	---------	-----------	-----------	--	------

Vendor Code				Ship To					
Vendor Name								Attn	
Vendor Address									
								Bill To	
Contact								Attn	
Delivery Date		FOB	TY	Conf Ord	Document Total				

LN	Dept	Approp	Sub	Org	S/Org	Obj	S/Obj	Prog	TY	PRJ/CL/GRC	RPTG	Line Amount	I/D
----	------	--------	-----	-----	-------	-----	-------	------	----	------------	------	-------------	-----

LN	Dept	Approp	Sub	Org	S/Org	Obj	S/Obj	Prog	TY	PRJ/CL/GRC	RPTG	Line Amount	I/D
----	------	--------	-----	-----	-------	-----	-------	------	----	------------	------	-------------	-----

Prepared By: _____ Title: _____ Date: _____

Approved By: _____ Title: _____ Date: _____

Entered By: _____ Title: _____ Date: _____